

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/03/509

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3				1		
4						
5				2		
6						
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11				2		
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39						
40				1		
41				1		
42				2		
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			13			
TOTAL CLAIMS			14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						